

To Members of the Human Services Committee

Chair: David Howard (R-Park City)

Vice Chair: Cary Smith (R-Billings)

Vice Chair: Pat Noonan (D-Ramsay)

Liz Bangerter (R-Helena)

Steve Fitzpatrick (R-Great Falls)

Tim Furey (D-Milltown)

Ellie Boldman Hill (D-Missoula)

Chuck Hunter (D-Helena)

Pat Ingraham (R-Thompson Falls)

Dan Kennedy (R-Laurel)

Michael More (R-Gallatin Gateway)

Carolyn Pease-Lopez (D-Billings)

Joe Read (R-Ronan)

Dan Skattum (R-Livingston)

Max Yates (R-Butte)

Staff: Sue O'Connell, 406-444-3597

Secretary: Miranda Keaster, 406-444-7353

There are two potentially costly, ineffective, and service-limiting pieces of legislation in the works that those interested in job creation, small business, health care, and Medicaid may want to note. One is an amendment to the Governor's budget by Mary Cafferro terminating the Magellan contract regarding Medicaid services and sending that money to one type of service provider (case management). The other is a bill sponsored by Larry Noonan requesting that the State add additional levels of review and monitoring to their mental health Medicaid treatment to children. Both are moving forward and if both are passed will backlog treatment, adversely affect small health care providers, cost the State millions in unmonitored Medicaid dollars, and delay treatment and payment to small health care providers.

The first...the amendment to the governor's budget eliminates the jobs of Montanans who are gate-keeping Medicaid abuse/ over-use and who save the state millions, as well as requiring providers to assess treatment and accountability. I am a small provider who doesn't necessarily appreciate the paperwork, but values my own tax dollars, and doesn't want to see unfettered access to 'case management' drain millions into one of the two or three mental health care 'monopolies' in the state. The money paid by the state does not go directly to better salaries and more employment, nor to better direct therapeutic care, but to 'empires'. I know from experience that management and oversight, as well as coordination are necessary to provide children in the mental health system with effective treatment that is less costly. These children, who definitely have needs which need to be addressed are very expensive to taxpayers and the monitoring of their health care is important. . .BUT who will do it if Magellan leaves? . . .the dozen or so people at the State who will lose the fairly effective (but irritating) system in place? How will providers like me get paid in a timely manner? I can't compete with the monopolies. Will OPA become involved? They can't even keep up with the increased number of

Medicaid applicants. Look into the ACTUAL cost of this bill and the stipulation that the state will monitor this with 1.7 million less.

The second. . . Larry Noonan's bill. It adds layers of assessment, provided by players with vested interest in actually allowing treatment determined necessary by a trained therapist or psychiatrist. I can't imagine hospitals and emergency rooms being complacent about the turn-around and jockeying that will inevitably take place. It also attempts to prevent small providers like me being involved in therapeutic treatment for my clients. Again, it panders to 'monopolies' and ties up the hands of 'the State' with beaurocratic layers, limiting access and communication to smaller players. It is NOT for the good of the children we serve.

I have not signed my name due the repercussions suffered by 'small businesses', providers like me who do not operate in a system with excessive corporate salaries, unlimited legal access, and retaliative demeanors.